

ORDER FORM TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH DATA FILES FOR SCIENTIFIC RESEARCH PURPOSES

ORDERING INFORMATION

Confidential death data files are those files that include:

Mother's Maiden Name (MMN)

and/or

Social Security Number (SSN)

Death data files for scientific research purposes may include MMN and SSN if approved by the State Registrar and the Committee for the Protection of Human Subjects (CPHS).

To purchase copies of the confidential death data files for scientific research purposes, please follow these instructions:

- Please complete the attached order form.
- The director or principal investigator of the project must sign the agreement on the second page and obtain notarization of the signature, as indicated.
- Please include a scientific research protocol, using the "[Research Protocol Requirements for Projects Involving Death Data Files Without Human Subjects Contact](#)" (Appendix V)
- Your application materials should be submitted to the State Registrar first for review. Upon State Registrar approval your application materials, including the Protocol, will be forwarded to CPHS for their review. You may be contacted by a CPHS member or be required to attend a CPHS meeting as part of the CPHS review.
- An approval letter from both the State Registrar and CPHS is needed before confidential death files may be released.

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ORDERING INFORMATION (CONT.)

Please enclose your **check or money order** made payable to:
California Department of Health Services.

We cannot accept credit cards or send files via a purchase order.

Payment must be received before files are released.

If an invoice is needed in order to process a check, please contact the
Vital Statistics Advisory Committee (VSAC) Administrator below.

Please mail or deliver the completed application materials and check to:

Department of Health Services
Office of Health Information and Research
Attn: Jan Christensen, VSAC Administrator
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

Phone: (916) 552-8095 Fax: (916) 650-6889

E-Mail: Jchrist1@dhs.ca.gov

Please send the application materials to the VSAC Administrator.

Please do not submit the materials to CPHS directly.

**Please do not mail checks or money orders without a copy of the
application or an invoice. Checks sent alone may result in a
significant delay in processing the request.**

To order files on mainframe tape or for further information, please contact
the VSAC Administrator above.

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Name:			Date:		
Title:		Organization:			
Street Address:				City:	
State:	Zip Code:	Phone:		Fax:	
E-Mail Address:					

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
Death Statistical Master File <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers	<input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98 <input type="checkbox"/> 1970-79	\$150 for each single-year file \$300 for each multi-year file	\$
Merged Death File <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-01 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$150 for the 2000-01 file \$200 for each five-year file	\$
Fetal Death Statistical Master File <input type="checkbox"/> With California Identifiers Only Fetal Death File Not Available With Out-of-State Identifiers	<input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98 <input type="checkbox"/> 1970-79	\$ 50 for each single-year file \$200 for each multi-year file	\$
Total Enclosed (No Tax, Shipping, or Handling Fees)			\$

Intended Use of Confidential Data File(s)

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:

Will the data be used to contact subjects: ☐ YES ☐ NO

Will identifiable data be released: ☐ YES ☐ NO

PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE ADDRESS THESE SPECIFIC ISSUES IN THE ATTACHED PROTOCOL.

User Name(s): Please indicate names of all persons who will have access to requested file(s).

_____	_____
_____	_____
_____	_____

Vital Statistics Access Agreement (Signature Required)

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including Social Security Number and/or Mother's Maiden Name, from the files. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a fine of \$1,000 and may result in denial of further access to data files (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.

User's		
Signature:	_____	Date: _____
Printed		
Name:	_____	Title: _____

Certificate of Acknowledgement

State of _____)
) ss
County of _____)

On _____, before me personally appeared _____,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

Center for Health Statistics (CHS) Use Only

CHS	Application is complete: _____
Authorization: _____	Date: _____

Michael L. Rodrian, Chief, Center for Health Statistics, California Department of Health Services